



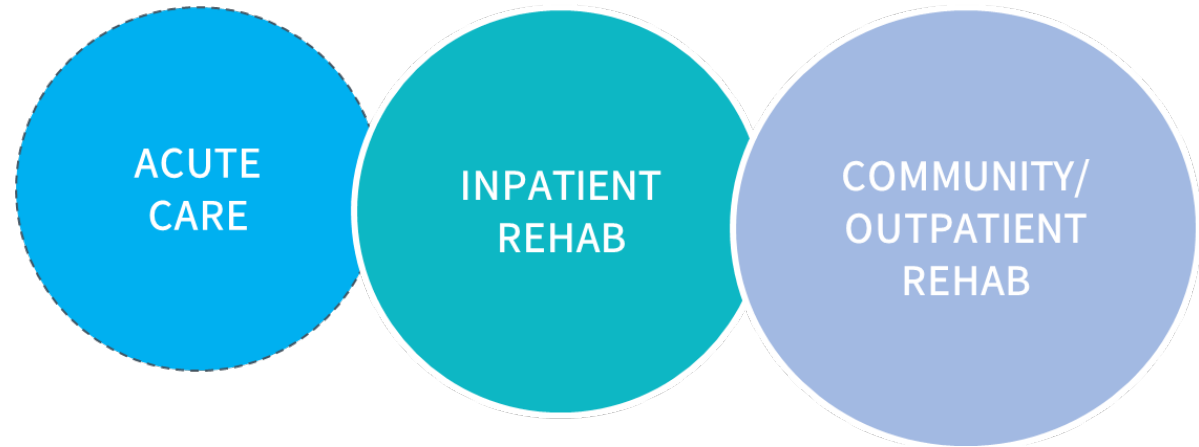
# **RETURN TO VOCATIONS POST STROKE TOOLKIT FOR PROVIDERS**

**January 16, 2026**  
**Liza Pain, OT Reg.(Ont), PhD**



Occupational Science  
& Occupational Therapy  
UNIVERSITY OF TORONTO

# Across the Continuum of Care



# What are Vocations?

**Purposeful roles  
involving  
contribution,  
and engagement**

- Volunteering
- Education/ School
- Paid Employment

**Contribute to  
identity  
and self-worth**

- Community Re-Integration
- Social Participation
- Mental Health



Free Question Mark Images, Download Free Question Mark Images png images, Free ClipArts on ClipartLibrary

# Why Return to Vocations Matters

Quality of Life

Routine/  
Structure

Responsibility

Financial  
Security

Mental Health

Participation

Community  
Engagement

# Canadian Stroke Best Practice Recommendations

## **Participation-Focused Recovery**

Recovery emphasizes returning patients to meaningful life roles through tailored, supportive interventions.

## **Person-Centered Rehabilitation**

Rehabilitation addresses vocational goals early, and continually throughout the recovery process.

## **Integral Vocational Engagement**

Vocational engagement is a necessary component of best practice. Not optional in stroke recovery.

## **Alignment with National Standards**

Best Practices ensures evidence-based care, promoting long-term quality of life.

# Supporting Return to Vocations After Stroke



Map of the Central East  
Stroke Network.



Map of the West GTA  
Stroke Network.

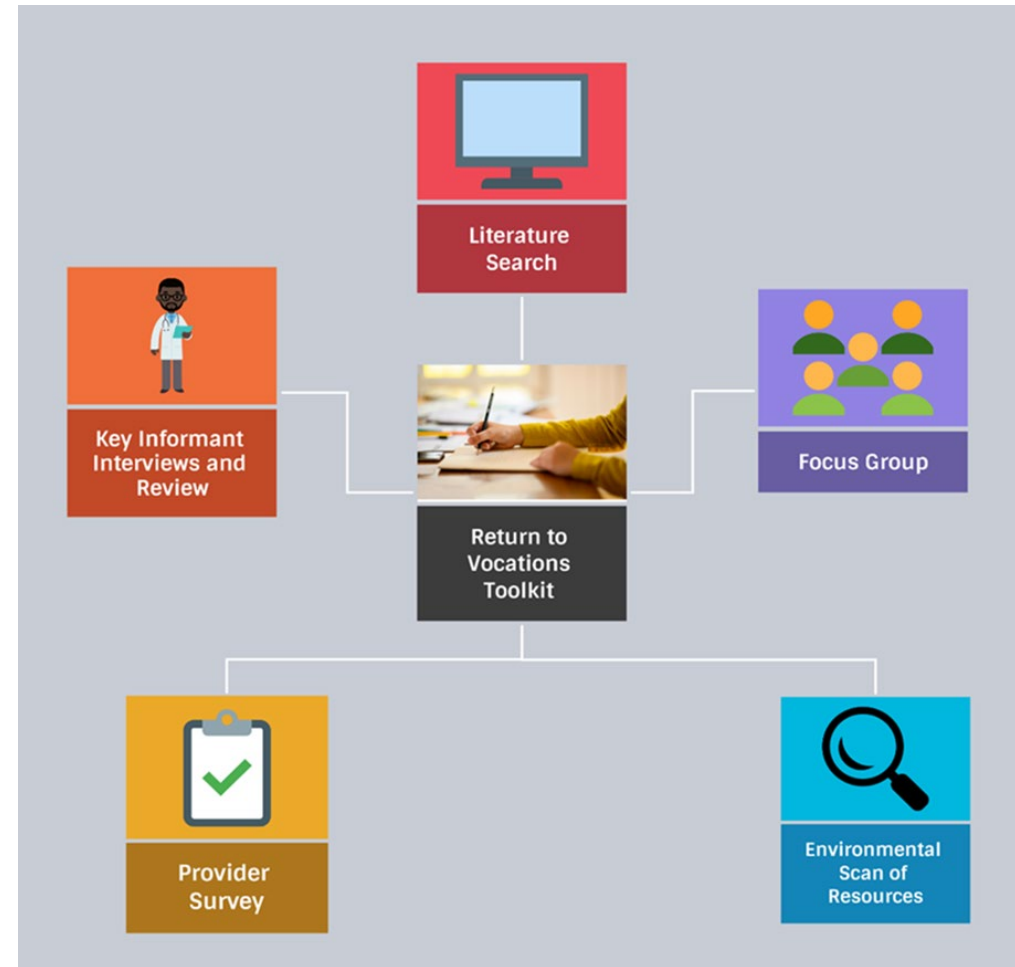
## Collaborative Development

Created through collaboration between West GTA and Central East Stroke Networks to align with best practices.

## Purpose of Toolkit

The toolkit addresses gaps in stroke rehabilitation by supporting return to work, volunteering, and/or education.

# Toolkit Development



# What We Heard

How do I complete  
a Vocational  
Assessment?

What resources  
are available in  
the community?

What financial  
options are  
available?

What if my client  
can't return to paid  
employment?

Will I be able to go  
back to  
work/school/  
volunteering?

How will I pay my  
bills?

What does my  
insurance  
company cover?

Will my colleagues  
or boss view me  
differently?



Free Question Mark Images, Download Free Question Mark Images png images, Free ClipArts on Clipart Library



### **Individual Health Factors**

Physical, cognitive, perceptual, communication, and emotional challenges impact a person's ability to return to work successfully.

### **Workplace/Education Environment**

Flexibility regarding accommodations, colleagues' attitudes, and environmental barriers significantly influence vocational return.

# **Factors Affecting Return to Vocations**

### **Financial/Transportation Considerations**

Factors are critical components affecting vocational reintegration.

### **Access to Appropriate Supports**

Comprehensive vocational support requires individualized planning and teamwork across disciplines.

# Toolkit At A Glance



## RETURN TO VOCATIONS POST STROKE TOOLKIT FOR PROVIDERS



## Link to Toolkit

[https://cesnstroke.ca/wp-content/uploads/2026/01/Return\\_To\\_Vocations\\_-January-2026.pdf](https://cesnstroke.ca/wp-content/uploads/2026/01/Return_To_Vocations_-January-2026.pdf)

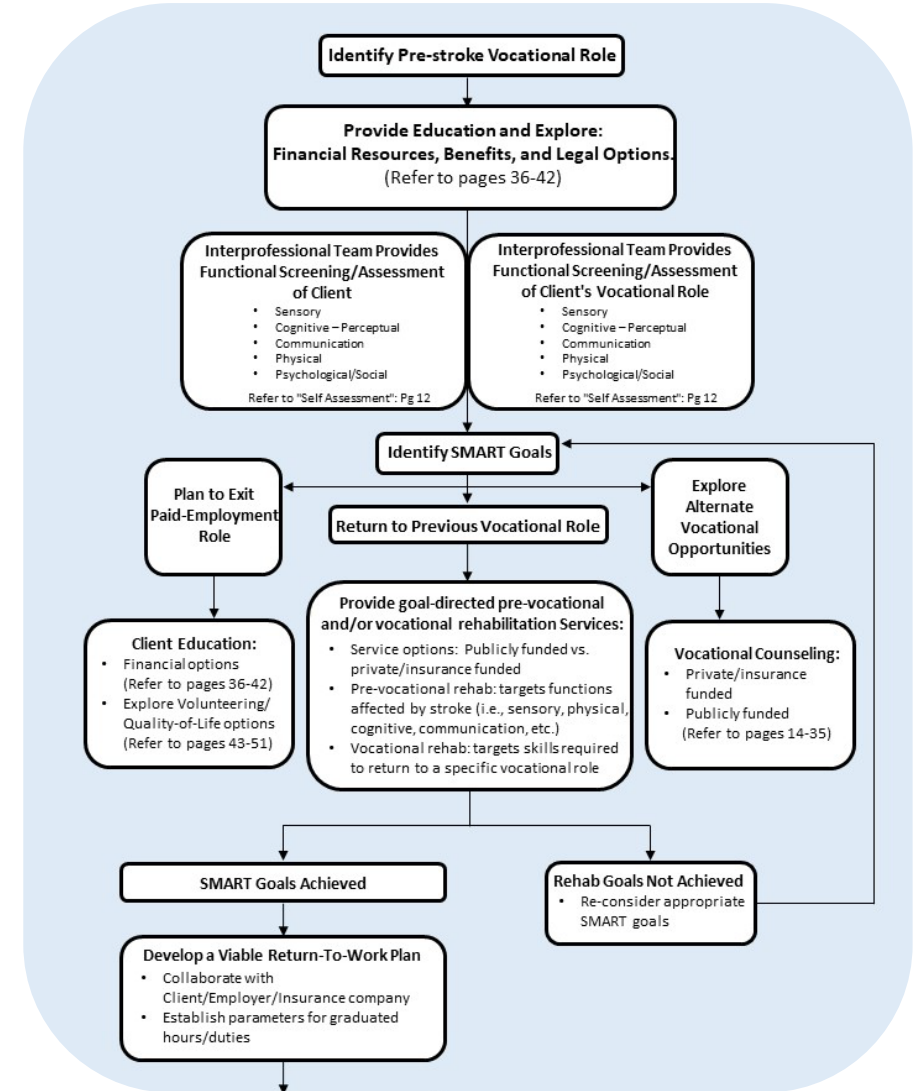
# Toolkit At A Glance

Introduction	Return to Work	Financial Supports & Legal Rights	Volunteering	Return to School	Appendix
Background	Why Focus on Return to Work	Financial Resources	Benefits of Volunteering	Return to School Post Stroke	Infographic
Canadian Stroke Best Practice Recommendations	Factors that may impact return to work post stroke	Insurance Benefits	Finding Volunteer Opportunities	Funding Assistance	Mental Health Considerations
	RTW Assessment	Ontario Human Rights System	Getting Started	Useful Websites	Neuropsychology Services
	RTW Post Stroke Guide for Stroke Clinicians				Getting Around
	RTW Community Resources				Assistive Devices

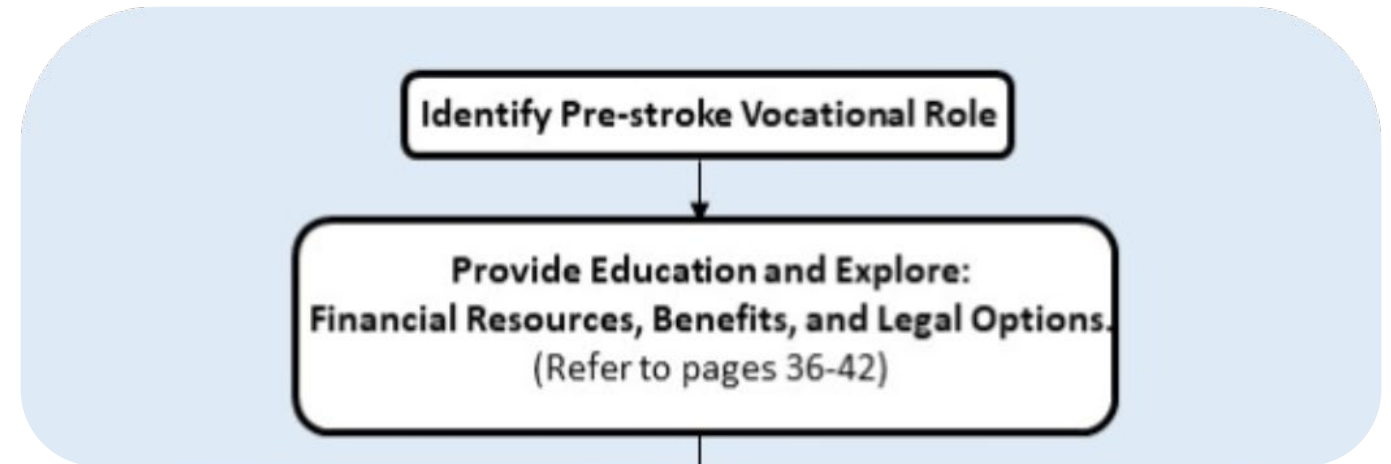
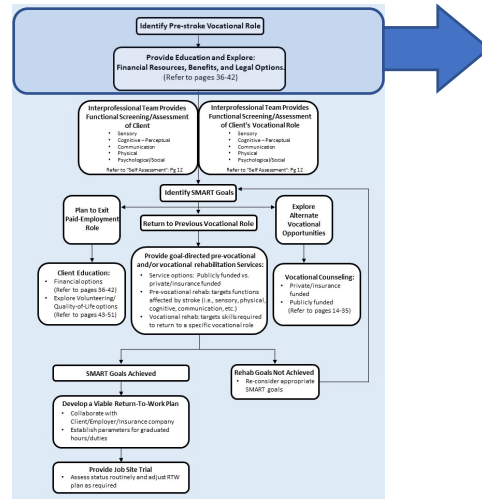
# Return to Work Post-Stroke Guide for Clinicians

Based on the Canadian Stroke  
Best Practice Recommendations:

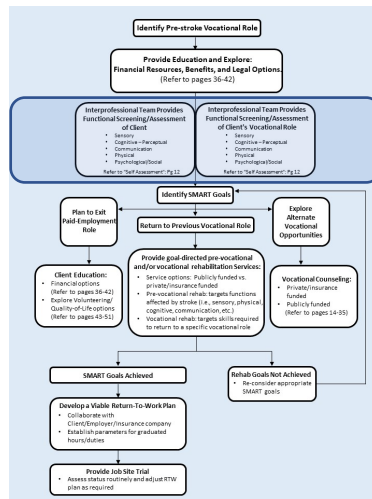
- Rehabilitation, Recovery, and Community Participation following Stroke. Part Two: Transitions and Community Participation Following Stroke (Mountain et al., 2020)



# Financial and Legal Options



# Client Vocational Role Assessment



## Interprofessional Team Provides Functional Screening/Assessment of Client

- Sensory
- Cognitive – Perceptual
- Communication
- Physical
- Psychological/Social

Refer to "Self Assessment": Pg 12

## Interprofessional Team Provides Functional Screening/Assessment of Client's Vocational Role

- Sensory
- Cognitive – Perceptual
- Communication
- Physical
- Psychological/Social

Refer to "Self Assessment": Pg 12

# Client Vocational Role Assessment

## Are YOU Ready To Return To Work?



A Self-Assessment Guide for People with Stroke

This self-assessment guide was developed for people recovering from stroke who are considering part-time, full-time, self-employment or volunteer opportunities. It is designed to support you as you consider all of the important parts of a successful return to work plan.



### USING THIS GUIDE

This guide is to be completed by you, with input from family members, physicians, health care providers and your employer, as needed.

Use this Guide as many times as you need to. What you learn along the way will help you focus your rehabilitation / recovery efforts and make the most of your current abilities for a safe return to work. Remember, use of compensatory strategies and aids/devices may increase your success for an earlier return to work.

Within this guide, you will assess five areas that are important in returning to work. You will need to consider your current abilities and compare them against the demands of the job you hope to return to or begin. An understanding of your current abilities, in relation to what is expected of you on the job, is critical to having a successful return to work.

### FIVE CRITICAL AREAS TO RETURNING TO WORK:

- Physical Ability
- Communications
- Thinking Skills
- Emotional Issues
- Driving/Transportation

Good luck and continued success with your recovery and return to work.  
**Remember:** The highest reward for good work is the ability to do better!

### Use this scale to rate your current level of functioning:

In each of the five areas, you will rate your current abilities and the importance of that ability while performing tasks at work (Job Demands). **Remember:** When rating your current abilities, consider aids, devices and/or strategies that may improve your job performance.

#### My Current Abilities

**0:** means you have limited abilities as the stroke affected this function

**5:** means you have some abilities despite the stroke affecting this function

**10:** means you have good abilities as the stroke did not affect this function or you have recovered fully (with or without the use of supportive devices/strategies).

#### Expected Job Demands

**0:** means this task or job demand is not important to doing your job

**5:** means this task or job demand is somewhat important to doing your job

**10:** means this task or job demand is very important to doing your job

#### My Current Abilities

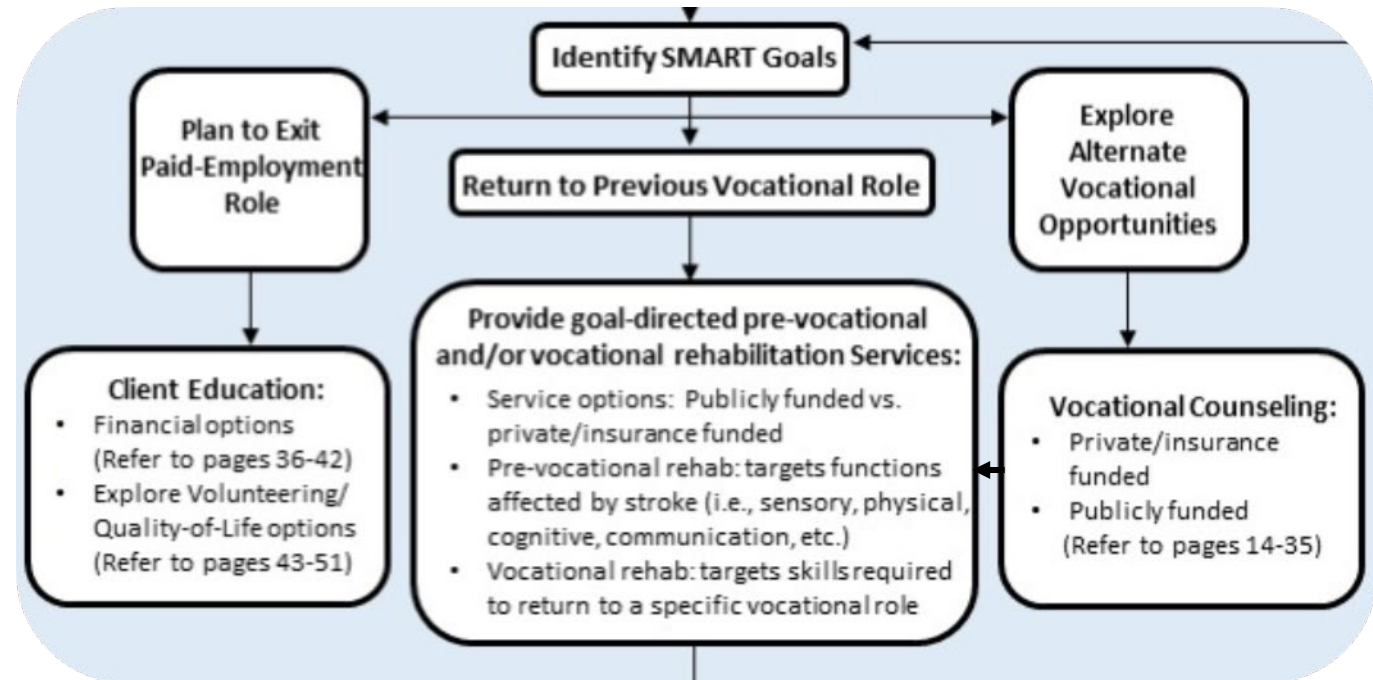
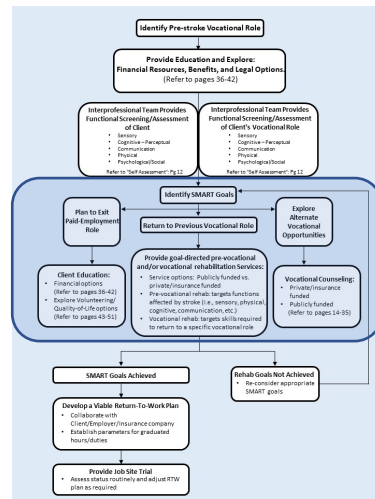


#### Expected Job Demands



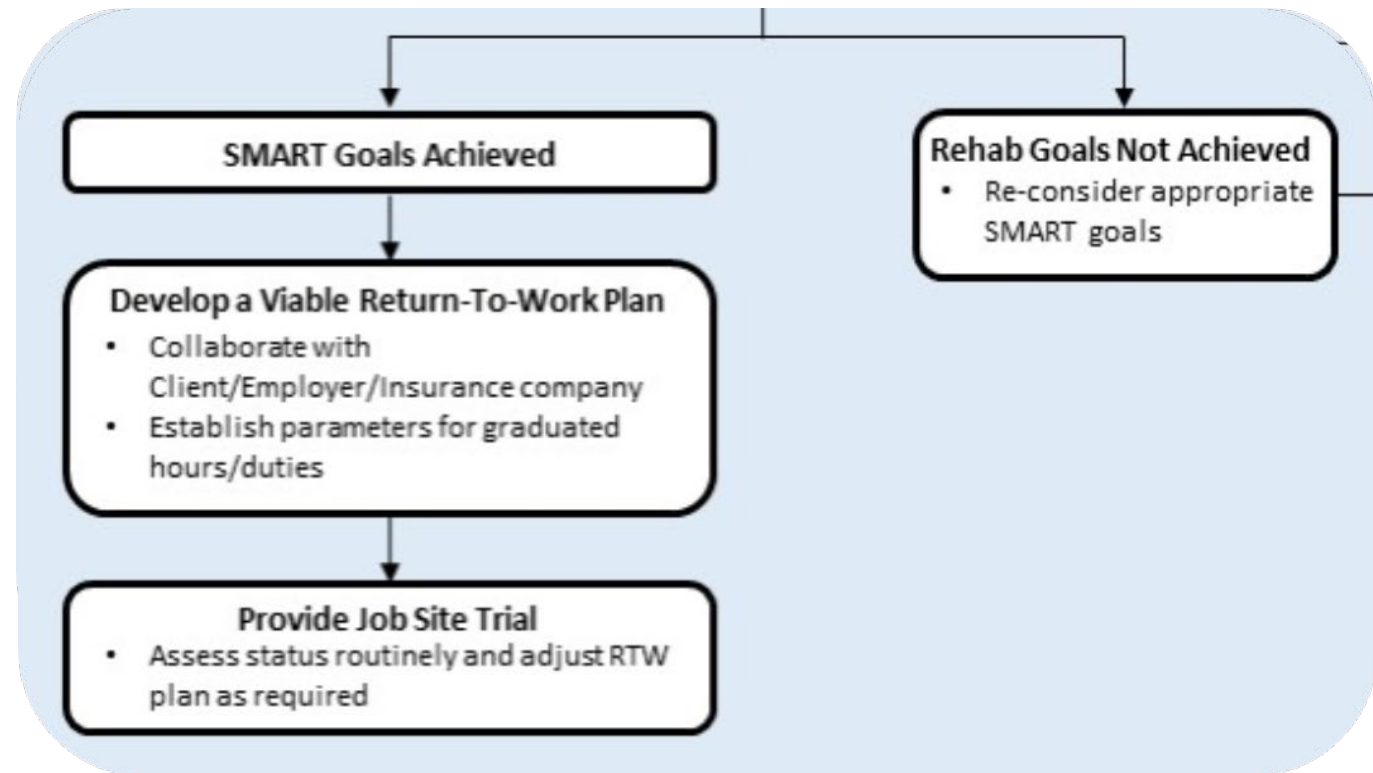
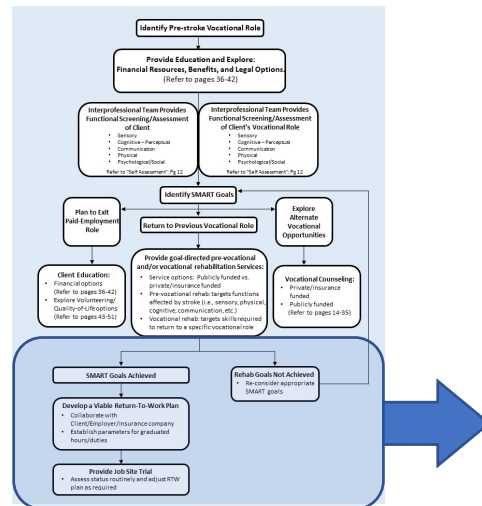


# Establish Viable Goals and Provide Intervention





# Evaluate Outcomes



# Toolkit At A Glance

Introduction	Return to Work	Financial Supports & Legal Rights	Volunteering	Return to School	Appendix
Background	Why Focus on Return to Work	Financial Resources	Benefits of Volunteering	Return to School Post Stroke	Infographic
Canadian Stroke Best Practice Recommendations	Factors that may impact return to work post stroke	Insurance Benefits	Finding Volunteer Opportunities	Funding Assistance	Mental Health Considerations
	RTW Assessment	Ontario Human Rights System	Getting Started	Useful Websites	Neuropsychology Services
	RTW Post Stroke Guide for Stroke Clinicians				Getting Around
	RTW Community Resources				Assistive Devices

# RETURN TO VOCATIONS POST STROKE TOOLKIT

[https://cesnstroke.ca/wp-content/uploads/2026/01/Return\\_To\\_Vocations\\_-January-2026.pdf](https://cesnstroke.ca/wp-content/uploads/2026/01/Return_To_Vocations_-January-2026.pdf)

## Acknowledgements

- Persons with Stroke and their caregivers
- Clinicians
- Study Participants
- Community Programs
- Southwestern and Southeastern Ontario Stroke Networks
- Occupational Science & Occupational Therapy Dept, University of Toronto

Liza Pain, OT Reg. (Ont.), PhD

[Liza.pain@utoronto.ca](mailto:Liza.pain@utoronto.ca)

# QUESTIONS



Free Question Mark Images, Download Free Question Mark Images png images, Free ClipArts on Clipart Library

# **Return-to-Work Post-Stroke/Aphasia Emotional & Mental Health Factors**

West GTA and CE Stroke Network Return to Work Webinar  
Paula-Jane Bellizzi MSW, RSW



Halton-Peel Community  
APHASIA PROGRAMS

# Why Do Emotional & Mental Health Factors Matter?

- RTW can positively impact a person's identity, self-esteem, psychosocial well-being, and self-confidence following stroke
- Lack of psychosocial support to meet needs of work-aged stroke survivors (Martinsen, 2013)
- Primary focus - physical and communication abilities
- Poor or limited coping strategies can negatively impact RTW



Halton-Peel Community  
APHASIA PROGRAMS

- Brain injury changes may impact the person's ability to perform job duties, and the job stress may worsen some of these symptoms
- Psychiatric morbidity after stroke has been shown to reduce the likelihood of RTW particularly in patients who appear functionally intact or of limited physical disability (Harris, 2014)
- Post-stroke depression is associated with both a bad general outcome and absence of RTW (Alaszewski et al, 2007)



Halton-Peel Community  
APHASIA PROGRAMS

# H-PCAP Ready-to-Work Pilot Study - SLP & SW

- 4 month pilot study: July - October 2022
- 8 sessions
- 2 clients
- Individual Assessments (SLP & SW)
- Group Dyad Sessions (SW)
- Identifying emotional/mental health strengths & challenges re: readiness to RTW



Halton-Peel Community  
APHASIA PROGRAMS



# Client M Description

- 47 y.o. female - married, 2 teen children
- Left MCA CVA (stroke) - Feb 2021
- No physical deficits
- Mild-to-moderate verbal expressive aphasia
- Mild auditory comprehension deficits - complex topics
- Chronic migraines
- Former Executive Asst - Investment Company (12 years)



Halton-Peel Community  
APHASIA PROGRAMS

# Client D Description

- 36 y.o. female - single mother of 2 young children (5 & 8½)
- Left MCA CVA (stroke) - July 2017 during childbirth
- Right-side hemiparesis; wears leg brace
- Severe verbal expressive Aphasia
- Auditory verbal comprehension affected
- Previously worked as bailiff clerk prior to maternity leave



Halton-Peel Community  
APHASIA PROGRAMS

# Identifying Fears & Stressors

Client M:

- Co-worker expectations - you look normal but “why can’t you speak”
- Fear of being judged - “people think I’m not as smart as I am”

Client D:

- Worried about people asking questions, group conversations;  
“Words won’t be there” “I know what I want to say...it won’t come out”



Halton-Peel Community  
APHASIA PROGRAMS

# Employee Characteristics

Central East and West GTA Stroke Network Return-to-Vocations Toolkit, 2022

- highlights factors that may impact the RTW process, including: Employee Characteristics & External Factors (Social Support)

Medin et al (2006) outline 3 main barriers re RTW: the process, **individual characteristics and level of social support**

Individual characteristics: motivation & attitude

Social Work Group Dyads



Halton-Peel Community  
APHASIA PROGRAMS

# Employee Characteristics

“A positive attitude, self-confidence, determination, assertiveness, & motivation are all important” enablers of a successful RTW (Lindstrom et al, 2009, Radford and Walker, 2009)

Enablers for a successful RTW:

- Personality and view of life
- Resilient approach to disability



Halton-Peel Community  
APHASIA PROGRAMS

# Motivation & Attitude

## Motivation:

- Both clients rated their motivation to RTW as high
- Client M: social aspect, financial reasons, self-image, respect from family
- Client D: financial (single mother), family pressure to work, boredom

## Attitude:

- Both clients were feeling less confident in abilities
- Both were hopeful and optimistic about their recovery
- Both had a resilient approach to their disability - drawing on past experiences



Halton-Peel Community  
APHASIA PROGRAMS

# External Factors - Family/Social Support

Evidence that RTW is influenced by...support from family (Bush et al, 2009)

Family members are prime sources of support and can enhance the motivation and determination demonstrated by the stroke survivor (Bonner, 2015)

- Both clients in Pilot study described supportive families - encouraging RTW
- Family support - emotional and practical - key factors to RTW



Halton-Peel Community  
APHASIA PROGRAMS

# Stroke Network of Southwestern Ontario

## RTW - Self-Assessment Guide

- Looks at 5 key areas - including emotional issues
- Person rates current abilities and importance of that ability while performing the tasks of the job (10 point scale)
- Emotional issues - frustration tolerance, stress, interpersonal skills, confidence, and coping abilities
- Group dyad sessions to identify strengths and challenges in these areas re: readiness to RTW



Halton-Peel Community  
APHASIA PROGRAMS



# Client M:

## Strengths:

- High level of frustration tolerance
- Strong Interpersonal skills

## Challenges:

- Managing stress
- Reduced self-confidence
- Coping abilities

Concerns about mood

- screened for depression Community SAD-Q 10 - no indication of depression



Halton-Peel Community  
APHASIA PROGRAMS

# Client D:

## Strengths:

- High level of frustration tolerance
- Coping abilities

No concerns about mood

## Challenges:

- Interpersonal skills
- Managing stress
- Reduced self-confidence



Halton-Peel Community  
APHASIA PROGRAMS

# Coping with Stress

- Studies suggest a “strong correlation between low levels of psychosocial stress and a successful return to work” (Chan et al, 2016)
- Both clients reported low levels of stress at time of study
- Coping with stress (at work) identified as being a concern
- Both clients described limited skills for coping with stress



Halton-Peel Community  
APHASIA PROGRAMS

# Stress Management Skills

Group dyad sessions:

Physical/Behavioural coping skills ie physical activity, healthy eating

Mental/Cognitive coping skills ie CBT, breathing/grounding exercises

Personal/Social coping skills ie engaging in hobbies, connecting with others



Halton-Peel Community  
APHASIA PROGRAMS

# Pilot Study Results

Pilot study revealed: both clients - emotional strengths and challenges

Client M: current abilities and demands of job - more equally aligned

deemed ready to RTW - speech & emotional factors

Client D: current abilities less equally aligned with demands of the job

deemed unready to RTW - speech & emotional factors

interpersonal skills and lack of self-confidence



Halton-Peel Community  
APHASIA PROGRAMS

# Post-Pilot Study 2 Year Follow-Up

**Client M:** Successful RTW - January 2023 - Previous Job

Factors that helped:

- 1) modified work schedule/duties
- 2) managing stress
- 3) transparency with co-workers
- 4) resilient approach to stroke
- 5) motivation/determination

**Client D:** not working - continuing with her rehab and volunteer work in school library



Halton-Peel Community  
APHASIA PROGRAMS

## References

- Alaszewski, A., Alaszewski, H., Potter, J., & Penhale, B. (2007). Working after a stroke: Survivors' experiences and perceptions of barriers to and facilitators for the return to paid employment. *Disability and Rehabilitation* 29 (24): 1858- 1869.
- Bonner, B., (2015) Factors Predictive of Return to Work After Stroke in Patients with Mild-Moderate Disability in India. Doctoral Dissertation, Harvard Medical School.
- Busch, M.A., Coshil, C., & Heuschmann, P.U., (2009) Sociodemographic differences in return to work after stroke: the South London Stroke Register. *J. Neurology, Neurosurgery, Psychiatry* 80 (2009), 888 - 893

## References cont'd

Central East Stroke Network & West GTA Stroke Network: Return To Vocations Post-Stroke Toolkit, 2022

Chang, W.H., Sohn, M.K., Lee, J., Kim, D.Y., Lee, S.G., Y.I., Oh, G.J., Lee, Y.S., Joo, M.C., Han, E.H., Hyun Kim, J.H., Kim, Y.H. (2016) Return to Work After Stroke: The Kosco Study., J. Rehab Med 2016: 48: 273- 279

Harris, C. (2014) Return to Work after Stroke: A Nursing State of the Science. State-of-the-Science Nursing Review. Stroke. 2014:45:e174-e176

Lindstrom, B., Roding, J., & Sundeline, G. (2009) Positive attitudes and preserved high level of motor performance are important factors for return to work in younger persons after stroke: A National Survey. J Rehabilitation Medicine 2009, (41), 714- 718



## References cont'd

Medin, J., Barajas J., & Ekberg, Kerstin. (2006) Stroke patients' experiences of return to work. *Disability and rehabilitation*, 28 (17) 1051 - 1060.

Martinsen, R., Kirkevold, M., Arnesveen Bronken, B., Kvigne, K. (2013) Work-aged stroke survivors' psychosocial challenges narrated during and after participating in a dialogue-based psychosocial intervention: a feasibility study. *BMC Nursing* 2013, 12:22.

Radford, K., & Walker, M. (2008) Impact of Stroke on Return to Work Brain Impairment, 9 (2), 161 - 169.

## References cont'd

Stroke Network of Southwestern Ontario, Are You Ready to Return to Work? A self-assessment guide for people with stroke, 2014

Stroke Network of Southwestern Ontario's Return To Work After Stroke Working Group, 2018. Returning to Work After a Stroke Literature Review